PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

101 595665

| CLAIMS AS FILED - PART I (Column 1) | | | | | | Column 2) | | SMALL ENT TYPE | TITY | OR | OTHER 1 | |
|---|--|---|---------------------|-------------------------------|---------------------|---------------------|-----|-------------------|------------------------|----|---------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | (00) | unii 17 | | | 7 [| RATE | FEE | * | RATE | FEE |
| BASIC FEE | | | | | | | 1 | BASIC FEE | 150 | OR | BASIC FEE | |
| EXAMINATION FEE | | | | | | - ·- | 1 | EXAM. FEE | 100 | | EXAM. FEE | |
| SEARCH FEE | | | | | | | 1 | SEARCH FEE | 200 | | SEARCH FEE | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | 1 | X \$ 125 = | 120 | | X \$ 250 = | • |
| TOTAL CHARGEABLE CLAIMS | | | 13 | /3 minus 20 = * | | | 1 | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | 3 minus 3 = * | | * | | 1 | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PRI | SENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column | | | | | | lumn 2 | J 1 | TOTAL | 450 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL E | NTITY | OR | OTHER 1 | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = |] | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | • |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | | | | | |
| | | (Column 1) | | (Colur | mn 2\ | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | - | HIGH NUM PREVIO PAID | EST BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = |] [| X \$ 25 = | | OR | X \$ 50 = | |
| AMEN | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |] [| + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". | | | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.